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A comparative study of Canadian and Scottish students' perspectives on health, the body and the physical education curriculum: the challenge of 'doing' critical

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Abstract

Physical education (PE) curricula in many countries explicitly task PE teachers with the responsibility to support and improve pupil health. However, there are concerns that a prevailing 'healthism' discourse, primarily relating to physical health and the body, is influencing how PE curricula is interpreted and enacted. Although we know something about how PE teachers understand and 'teach' health, little is known about the perspectives of student PE teachers. Consequently, we adopted a comparative research design and carried out semi-structured interviews with PE student teachers from Canada and Scotland to explore how they conceptualised health and the body. Furthermore, we investigated how their understandings of health and the body influenced their perceptions of teaching 'health' in their respective PE contexts. Informed by the work of Foucault, our post-structural analysis demonstrates how students' Initial Teacher Education contexts influenced their perceptions of where the responsibility lies for addressing and improving the health of young people. These different perceptions enabled and constrained practice in various ways. The Scottish students critically deconstructed dominant healthism and obesity discourses but this process did not seem to result in the articulation of critical practice. The Canadian students were less likely to engage in critical inquiry around health and the body but did evidence creativity and divergent thinking in relation to how they would integrate health outcomes in their teaching. We conclude by exploring the implications of these findings for Initial Teacher Education programmes by advocating an *applied* approach to critical inquiry.

Key Words

Physical education, healthism discourse, initial teacher education, critical pedagogy.

Background

Physical education (PE) curricula in many countries explicitly task PE teachers with the responsibility to support and improve pupil health. This is certainly the case in the countries focal to this study, Scotland and Canada (Gouvernement du Quebec, 2001; Scottish Government, 2006). In Scotland, PE is located within the curricular domain of 'Health and Wellbeing', a core learning area and the responsibility of all who work with young people. Here, PE teachers have an explicitly broad remit to create learning environments that promote the development of social, emotional, mental wellbeing as well as physical health. To do so, they are provided with curriculum guidance that acts as a framework to support them as they plan, monitor and assess pupil learning and development in each component of their health (Scottish Government, 2009). Similarly, in Québec, 'Adopts a healthy, active lifestyle' is one of three core competencies in the PE and Health curriculum. This curricular area seeks to encourage pupils to improve their quality of life by, 'seizing opportunities to engage in new or familiar forms of stimulating physical activity, adequately feeding the body and mind, managing stress, following basic rules of hygiene, adopting good sleeping habits and following safety rules.' (Gouvernement du Quebec, 2007, p. 19). Furthermore, the Québec Education Program (QEP), like the Scottish curriculum, conceptualizes individual student health and wellbeing as a broad, over-arching area of learning that transcends physical and health education to an overall school responsibility for all school staff, parents and community stakeholders. Consequently, in both contexts, the terms 'health' or 'health and wellbeing' refer to a broad conception of health education that is embedded in teachers' daily practices. This is different to Health Education per say, which in both Canada and Scotland stands as a subject that specifically addresses issues around, for example, sexual health, relationships, and substance misuse, usually taught by a teacher with significant pastoral responsibilities,

Although both curricula refer to 'health' holistically, there are concerns that PE teachers may focus primarily on the physical health of their pupils (Horrell, et al., 2012). Teachers do not engage with policy texts as naïve readers, they bring their own knowledge and experiences which influence how policy is understood and enacted (Ball & Bowe, 1992). In a culture where messages about the perils of inactivity and obesity pervade, it is difficult for PE teachers to view their role beyond the promotion of physical activity for the

improvement of physical health (Gray, MacIsaac & Jess, 2015). Such messages contribute to a prevailing healthism discourse, where health is narrowly defined as a physical construct linked to bodily appearances (Crawford, 1980). The 'ideal' body, most often the slim body, is considered to represent a 'healthy' body achieved unproblematically through individual effort and discipline (Kirk & Colquhoun, 1989). Those successfully achieving a 'healthy' body, attain greater social status and are deemed good moral citizens. Therefore, healthism discourse can also reinforce obesity discourse where high body fat is considered the greatest indicator of ill-health and those classed as obese or overweight are vilified for burdening society with their neglected bodies. The intersection of obesity and healthism discourse leads to the judgement that it is not only unhealthy, but also wrong to deviate from the ideal physique and this perception of an individual and moral responsibility for health is very powerful and difficult to interrogate, disrupt or resist (Welch & Wright, 2011).

This focus on individuals' moral responsibilities to be 'healthy' is very powerful and difficult to disrupt or resist (Welch & Wright, 2011). Teachers' practices may be constrained by a curriculum where health messages are linked to responsible citizenship and the implication that individuals should achieve an idealized body not just for themselves but also to benefit society (Rawlins, 2008). Furthermore, the discourse of healthism is often embedded in PE teachers' beliefs and practices as well as within policy (Green & Thurston, 2002). When PE teachers uncritically accept and reproduce healthism discourse, their 'health' teaching becomes somewhat limited and focuses on developing skills primarily to promote physical activity participation for physical health improvement. For example, McDermott (2012) demonstrated how an elementary school in Canada sought to address government concerns about unhealthy children by introducing 'Thrash yourself Thursday', a whole-school fitness initiative in the form of circuit training. Here, pupils uncritically accepted the equation of exercise=fitness=health pedagogically relayed to them when they were encouraged to work hard, monitor their performance and avoid the risks of being unfit, inactive and out of shape. Although some PE teachers and policy writers may view fitness activities as a logical way to address health concerns, this can result in harmful practices. Pupils may see exercise as something that *must* be done to regulate their weight and to achieve a 'normal' body, one that is not too fat or too thin, or they may engage in dieting while lacking sufficient knowledge about the nutrition required for exercise (Varea & Underwood, 2016). The

intrinsic benefits of movement can be lost as pupils become engaged in continuous self-monitoring (Kelly, 2001). Further, they may see bodies that do not conform to 'healthy' standards as unworthy or abnormal. All this can take its toll on young people, leading to poor social, emotional, mental and physical health in the form of anxiety and disordered relationship with food, exercise and the body (Rich & Evans, 2005).

Healthism discourse can be difficult to challenge in school settings where teachers have limited time or space to engage in the reflective and critical processes that might lead to shifts in their understandings about health, the body and the curriculum. However, pre-service teachers are not constrained by the school curriculum in the same way. Researchers have highlighted how Initial Teacher Education (ITE) experiences can explicitly encourage pre-service PE teachers to engage in critical inquiry to question and resist taken for granted truths related to the body and health (Garrett, 2006; Philpot, 2016). In Scotland, the leading university provider of ITE offers PE students the opportunity to engage in sociocultural debates around topics such as policy, gender, healthism and the body, in courses that can run over three years. In Quebec, such opportunities for debate are less extensive but, in a relatively new initiative, students engage in a single course that focuses on similar sociocultural topics. Interestingly, Philpot (2016) suggests that singular courses may not be effective in promoting 'reflective thought and reconstructive action which necessitates the problematisation of both the task of teaching and the context in which it is embedded' (p. 263).

The role of ITE is significant if future PE teachers are to have capacity to critically analyse how policy might impact their subjectivities and practices in PE. However, previous research evidences that, despite providing more time and space for critical engagement, such reflection has little impact on the unproblematic assumptions that students hold about health and the body. For example, Varea and Underwood (2016) recently found that pre-service PE teachers in Australia classified their students' bodies as 'normal', made moral judgments about those they deemed to be fat and saw them as individuals that needed to be 'fixed'. In another Australian university, Garrett and Wrench (2012) found that student PE teachers relate health to diet and exercise, equate a healthy body with a slim or muscular body, and engage in personal body work to improve their appearance. The authors of this

paper speculate that personal investments in body work have potential to render PE teachers blind to the impact of their practices on their students. Despite these recent studies, research focusing on healthism and body discourses among pre-service PE students remains limited and further investigation is necessary to understand how such discourses are constructed, and in what contexts they might be resisted and transformed. The works of the French postmodernist Michel Foucault is useful in this endeavor, particularly when theorizing the intersections between discourse and practice. While we recognize the utility of other theories in explaining how health and bodily identities are formed and presented and the value of bodies in various contexts (for example, Bourdieu, 1984; Goffman, 1963), this paper is focused on how student teachers come to understand and learn about health and the body. Foucault's work is especially useful here as it illuminates the role of power in shaping knowledge and practice (Foucault, 1979).

A Foucauldian perspective

Foucault (1973) defined discourses as sets of 'truths' that are inherently linked to networks of power embedded within society. These normalising 'truths' are formed socially by individuals and groups of people but also work to construct individuals' own subjectivities by imparting ways of knowing, speaking and acting on the world. Foucault (1979) also illustrated how knowledge, produced through social power relations, can work to manage groups of people and control their bodies. Described as a 'technology of power', Foucault (1978) uses the concept of 'biopower' to explain how specific discourses can be generated and applied to govern and regulate the conduct of people's bodies across whole states or populations. Other technologies of power used to determine, control and manipulate the thoughts and actions of others include classification, normalisation, surveillance and regulation (Webb & Macdonald, 2007). Through *classification*, dominant discourses categorise and label individuals, therefore distinguishing between them. As such, people perceive themselves and others through the lens of dominant knowledge which places them into certain groups - for example the obese, the depressed, the ugly, and the beautiful (Markula & Pringle, 2006). Foucault (1977) also highlights *normalisation* as a significant 'instrument' of power whereby certain beliefs, actions and ways of thinking are constructed as normal and acceptable within a system of gratification and punishment. For example,

within healthism discourse, slim bodies become the socially constructed norm – the ‘average’ body which is medically, scientifically and socially approved. ‘Over’ and ‘under’ weight bodies are classed outside of this category therefore being considered abnormal or deviant (Webb, Quennerstedt & Ohman, 2008). Foucault (1977) theorises how normalisation is strengthened by *surveillance* and the ‘normalising gaze’, focusing on how people are manipulated and controlled by an audience. Individuals are aware that their bodies can be scrutinised by others often, therefore feel that they have to *regulate* their bodies through diet and exercise. Further, surveillance, does not necessarily have to come from outside sources. Like regulation, surveillance can also become internalised as people observe and monitor their own behaviours and appearances to the extent that the individual becomes their own “overseer...exerting this surveillance over, and against, himself” (Foucault, 1980, p. 155).

Markula (2003) criticises researchers who use Foucault’s work without considering how power and governance might be resisted, particularly when acknowledging that power relations are multi-faceted and bi-directional. Researchers have investigated the potential that critical pedagogy holds for discourse resistance in the PE context (Wright, Macdonald & Burrows, 2004). In these contexts, teachers provide learners with opportunities in PE to speak up, negotiate, engage in meaningful activities, be critical, work with others and feel valued (Wright et al., 2004). Consequently, whilst previous research exemplifies how healthism and ideal body discourses influence and govern teacher and pupil subjectivities, often with negative implications, the work of Foucault also highlights how discourse can be used to undermine competing discourse, expose it, render it fragile and therefore make it possible to oppose (Foucault, 1998). Encouraging pupils to investigate, challenge and speak up has potential to produce an alternative power/knowledge, and therefore alternative discourses that enable young people to resist and contest technologies of power. This resistance may also enable young people to engage in PE or sport for reasons other than body work for example, for the enjoyment of movement, learning and/or expression (Johnson, Gray & Horrell, 2013).

A comparative approach

Given the global nature of concerns around poor health and obesity, and the impact that

this phenomenon has on policy development and professional discourse, it is important to explore views of individuals from different contexts. Doing so has potential to highlight how knowledge and discourse diffuse geographical boundaries, pervade various networks and are taken up by individuals in different contexts (Beech, 2009). The purpose of this research, therefore, is to explore the perceptions of PE students from two universities set in two different contexts: Scotland and Canada. We recognize that both are Western contexts and thus will share similar social norms and values around, for example, the economy, democracy, sport and education (Sparkes, 2003). Garrett (2006) also reminds us that the similarities between both cohorts are to be expected since PE teachers often come from similar cultural, economic and sporting backgrounds and are products of similar school PE experiences that prioritise sport, physical activity and skill learning. However, comparative research is useful here as it encourages a nuanced analysis of strengths and weaknesses from which each group (and external groups) can understand and question their own beliefs and practices, potentially leading to actions for improvement. Additionally, comparative research highlights the contextual factors used in the construction of meaning around, for example, health and the body, thus providing a platform from which to view knowledge and discourse as competing and contested. Consequently, informed by the work of Foucault, we adopted a comparative research design to understand how health and the body discourses are produced, re-produced and resisted by pre-service PE teachers from Canada and Scotland. Furthermore, we investigated how their understandings of health and the body influenced their perceptions of teaching 'health' in their respective PE curricula. We aim to highlight the importance of this type of research for ITE programmes, so that they might be better informed to support their students to resist discourses that could result in the uptake of 'harmful' bodily practices by their pupils. Such resistance might enable PE students and teachers to understand the ways in which they can support and improve the health of their pupils holistically.

Participants and setting

When the research was conducted, the first researcher was based at the university in Quebec and the second researcher was based at the university in Scotland. Neither researcher had previously taught participants. This created a more democratic relationship between researcher and participant, encouraging disclosure and authenticity (Karnieli-

Miller, Strier & Pessach, 2009). To recruit the participants, the first researcher delivered a presentation to all year 4 students in Quebec, describing the main purpose of the research. The same presentation was delivered to year 4 students in Scotland by the second researcher. Year 4 students were selected because they had the most experience to draw upon from their university-based courses and school-based placements. After both presentations, students were asked to volunteer for the study by email. Sixteen participants volunteered in total, eight from the university in Scotland: *Catriona (21 years)*, *Callum (30 years)*, *Alexander (22 years)*, *Innes (21 years)*, *Malcolm (23 years)*, *Matthew (21 years)*, *Donald (22 years)* and *Luke (21 years)*; and eight from the university in Quebec: *Sharon (53 years)*, *Fred (23 years)*, *Margaret (22 years)*, *Colin (30 years)*, *James (23 years)*, *Diane (23 years)*, *Gillian (22 years)* and *Susan (33 years)*. Students were told that their participation in the study was voluntary, that they were free to withdraw at any time and were assured that their responses would remain confidential (pseudonyms have been used).

Most participants started their degree courses straight from school. The students from the Scottish University were relatively homogenous in nature: white, Anglophone students and all had attended schools guided by the Scottish national curriculum. One of the Scottish students was 30 years old and had previously worked in a bank. Three students from Quebec were older than the others in their cohort: Colin (30) was previously an ice-hockey coach, Susan (33) worked as a teaching assistant and Sharon (53) had worked as a missionary and a city councillor. All of the students from the Canadian University were white and all except Colin and Diane attended school in Quebec. Colin attended school in the USA and Diane attended school in Ontario, Canada. Additionally, Gillian and Margaret came from French speaking families, although both had attended English speaking schools.

Scottish ITE context

The main pathway to becoming a PE teacher in Scotland is a four-year undergraduate degree in Physical Education provided by the largest University in the country. There are approximately 100 undergraduate students in each year and 10 full-time academic staff who teach and research in PE. Additionally, 2 full-time PE teachers are seconded every two years to teach on the programme and school placements are supervised by around 8 associate PE teachers who work part-time for the university. This four-year Honours level programme

provides a broad and contemporary range of courses, and maintains a close link with the teaching profession. As well as an extensive school-placement experience in each year of the programme, students engage in studies covering a broad range of issues in education, curriculum and pedagogy. Within each area, students are encouraged to consider the implications of positioning PE within the curricular area of Health and Wellbeing and how this might impact teacher practice. Ideas around 'models-based practice' and 'teaching styles' are developed through various practical activities, with an emphasis on how they might be used to meet curricular goals. Additionally, students take courses that aim to develop and challenge their views about PE, including Sports Science, Aesthetics and Sociocultural Perspectives. Students cover all these perspectives in years one and two and then elect to specialise in two, then one, of the areas in their third and fourth years. The sociocultural perspective addresses issues around healthism discourse, the ideal body and the PE curriculum and consistently has a high uptake of students (approximately 85% of year 3 students and 50% year 4 students).

Quebec ITE context

The main pathway to becoming a PE teacher in Quebec, Canada is also a four-year undergraduate degree in Physical and Health Education. There are approximately 50 undergraduate students in each year and 3 full-time academic staff who teach and research in PE. One former PE teacher works as a part-time master instructor for annual school placements. Approximately four universities in the province offer a PE ITE program leading to both elementary and high school teacher certification. The current university is the only one to offer PE ITE in the English language. This programme provides a broad and contemporary range of courses, with 700 hours of supervised student teaching experiences over the four-year degree. Much like the Scottish context, Quebec students also engage in studies that cover a broad range of issues in education, curriculum and pedagogy, including Anatomy and Physiology, Biomechanics and Motor Learning, Exercise Physiology, Exercise and Health Psychology, Disability Studies and PE Pedagogy. Health and well-being is taught from a traditional Health Education perspective as well as from a strong scientific basis. Further, the students are taught in traditional practical physical activity courses (e.g., basic games, traditional sports, etc.) from a models-based perspective to emphasize varied instructional approaches.

Procedure

Ethical approval was granted from both Universities and informed consent obtained from all participants prior to the study. Interview schedules were designed around themes relating to health and the body in general, and in the PE context more specifically. To develop questions conducive to the area being researched, questions were analysed and adapted from previous research in the area (Wright et al., 2006). Questions were also influenced by the writings of Foucault and the idea that knowledge produced through social power can be taken up (or resisted) by individuals and thus impart ways of speaking and acting. Consequently, we explored how the PE students articulated their views about health and the body in the PE context, that is, how they positioned themselves within health and body discourses. The interviews facilitated in-depth discussions around what participants thought it meant to be healthy, how they conceptualized the 'ideal body', how they understood pupils' health in the PE context and their beliefs about the role of PE in promoting pupils' health. For each theme, questions also encouraged discussion around how perceptions had formed. These were open questions and probes towards specific contexts (for example, school or family) were not used. We were interested in what *the students* perceived to be the primary influencing factors shaping their views.

On finalising interview questions, the first researcher carried out one interview in Canada, which was audio recorded. The recorded interview was shared with the second researcher and discussions took place about the nature and wording of each question. This procedure ensured that both researchers had a shared understanding of interview questions and were happy that they would elicit responses aligned with the research aims. Subsequently, the first researcher carried out semi-structured face-to-face interviews with the remaining students from the Canadian university and the second researcher used the same format to interview the students from the Scottish university. All interviews took place in rooms free from distraction and lasted 50-60 minutes. The researchers summarised the students' comments to check for understanding after each question. All interviews were audio recorded and transcribed verbatim.

Analysis

Audio files were promptly shared between both researchers who met regularly to identify initial issues or themes. Once all interviews had been completed, post-structuralist discourse analysis was conducted. Within post-structuralism, there is the essential assumption that individuals draw on discourses already circulating in their social context whilst forming texts (Wright, 2004). Although discourse and language are not the same, choices in language such as, describing health as fitness, can indicate discourses that participants use and relate to (ibid). Consequently, student 'talk' about health, the body, and pupils in the PE context was examined in order to depict how they organised, adopted and (re)produced their knowledge.

Both researchers read and re-read all interview transcripts (Canadian followed by Scottish) to become familiar with each participant's responses. This process also enabled the researchers to develop an understanding of the responses as a cohort. They then separately carried out a deductive analysis of the responses to identify specific discourses relating to healthism and the ideal body in the PE context (Taylor, 2001). This involved identifying recurring patterns of language, or discourses that they grouped to form themes. Subsequently, a series of meetings took place between both researchers to discuss each theme and develop a shared understanding of the students' discourse, including similarities, differences and tensions within and across cohorts.

Discussion of Results

Common perspectives: counter discourse in principle, dominant discourse in application

Counter discourse in principle

Most students initially defined health holistically during interviews. Therefore, 'being happy,' and 'mentally sound,' 'having a good mind-set,' and 'not letting things get ahead of you' were perceived important, as were positive social relationships. For example, Fred, a Canadian student explained:

Outside of just the physical, the mental you know a bit of the social, you know your relationships with people can be healthy, they can be unhealthy, you know to kind of the same token as your physical health can be bad or good.

Similarly, Callum, a Scottish student talking about the influence of his university course, explained:

My view of health is probably different now that we, you know as part of this course look at things out with just physical health - so mental and emotional wellbeing and things like that. Obviously, a healthy functioning body, a healthy mind and, you know, good social relationships contribute to it. I think it's more than just the body.

A number of students also spoke of health in these terms when talking about healthy pupils. Some students explained that to determine pupil health, they would look for mental and social indicators such as 'confidence,' 'body language,' 'behaviour,' and pupils' social interactions as well as considering physical indicators such as fitness and body size. As Malcolm (Scotland) explained:

It's such a complex situation because someone can look healthy physically but there might be things going on at home that we don't know about that make them not healthy ... You can have a feeling, but it's very difficult sometimes to put a finger on it ... But I guess if you're there over a long period of time you build up a relationship with children.

These initial views differed from those of student PE teachers in previous studies, who predominantly spoke of health and the body in relation to scientific discourses relating to BMI, diet and exercise or socially constructed classifications such as fat or lazy (Garret & Wrench, 2012; Welch & Wright, 2011). This could be considered a unique departure from the narrow definitions of health depicted within the PE teacher literature, indicating that student PE teachers are able to adopt alternative subject positions within health and body discourse.

How students talked about the body itself also appeared counter to previous claims about body discourse amongst ITE students (Wrench & Garrett, 2015; Varea & Tinning, 2016). Most participants (Canadian and Scottish) stated that there was not one 'ideal' body and that many different body shapes, types and sizes could be considered healthy and desirable. They were also critical of dominant societal body ideals and were aware of the social forces influencing them and their pupils. Scottish students particularly noted how 'newspapers and magazines' persuaded them to align with 'the media image' of what is 'deemed desirable in society.' For example, Alan (Scotland) stated:

Society's kind of made the 'body ideal' what they want it to be so you have a plethora of magazines and TV shows telling people what they should look like and what they should wear.

Therefore, although immersed in Western societies where healthism, obesity and ideal discourses dominate, these students were being exposed to, and attempted draw upon, 'counter discourses'. Students from both cohorts cited their university ITE programmes (including academic work and practical teaching experience) as being especially influential in shaping their views. As Callum explained earlier, the Scottish students had been encouraged to consider a holistic view of health whilst at University and when considering Scottish curriculum documentation. Canadian students also explained that they had considered health broadly at University, making reference to courses focusing on health education 'as a whole'. As such, students were aware of alternative ways to consider health, beyond health being a physical construct centred upon diet, exercise and body shape/size. This is important because in order to 'take up' counter discourses, students have to be presented with a variety of forms of knowledge, including knowledge typically marginalized within their social context (Pringle, 2007).

Dominant discourse in application

Foucault (1978) asserts that there are 'knots' of resistance within all discourses. Our findings illustrate how students drew upon counter discourses *in principle*. They were starting to counter healthism discourse by perceiving health holistically and talking about health in alternative ways to the dominant health = fit = slim equation. They were also beginning to counter ideal body discourses by highlighting the socially constructed nature of body ideals. However, these were *starting points* which did not necessarily progress to resistance in practice. Progressively, most students reverted to discussing narrower conceptions of health, centered upon physical aspects, especially when talking about their own practice. This reinforces research findings with pre-service primary teachers some of whom challenged 'normative' healthy bodies but only did this so far before reverting to discourses around individual choices about diet and smoking (Welch & Wright, 2011). Comparably, Susan (Canadian) began our interview by stating that being healthy included sleeping well and not being stressed. However, when talking about ways to keep healthy she referred specifically to diet and exercise:

Because I believe our society isn't that healthy. And I don't think it's realising that it's not healthy. They're having difficulties with all kinds of issues in their life and they

don't necessarily understand that it's a lack of health that could be easily managed by simple things like healthy diet and exercise.

Like in previous studies (Garret & Wrench, 2012; Varea & Tinning, 2016), several Canadian students also proceeded to make direct reference to more 'scientific' indicators of health such as a 'healthy BMI' and 'hip to waist ratio'. Whilst Scottish students referred less to these objective indicators, most explained that to keep healthy personally, they would: 'go to the gym as much as you can'; 'do the right exercise'; 'try and eat balanced meals and have the right nutrition'; '[eat] everything but in small portions, knowing what to eat, what not to eat;' and 'keep yourself in shape'. As Donald (Scotland) stated:

I think eat a healthy diet is the main thing. I think you have to be obviously physically active to a certain extent ... I'm very physically active. Every day I'm over at the gym.

Although students stated bodies could be of any shape and size yet still be healthy and desirable, these students also referred to appearance indicators such as body size and shape when talking about the ideal body. Few could define the ideal body differently, especially when referencing their own bodies and personal tastes. Therefore, students claimed that, for them, the ideal body was 'toned', 'muscular', 'athletic' and 'strong' like 'someone you would see in the gym'. This was also apparent amongst many of the Canadian students:

My ideal body is like a body that's not too muscly like you have bulging muscles. I think you should have muscles and like muscle definition. You should have like your percent body fat shouldn't be like too high. (Gillian: Canadian)

Previous research indicates that these views are common within physical activity and sporting cultures, where individuals associate their body weight and shape with sporting success and athleticism (Papathomas & Lavalley, 2010). PE ITE students have previously demonstrated a fear of being fat and unable to maintain a healthy and athletic body ideal (Garrett & Wrench, 2012). Our students possibly felt under similar pressures in relation to maintaining a fit and healthy identity as PE teachers and sports people. However, tensions around body ideals and definitions of health were also evident as students talked about gauging pupil health. For example, Margaret (Canadian) began her interview stating, somewhat broadly, that a healthy pupil had a healthy diet, good hygiene and good medical health. Yet, when describing how she might determine whether a pupil in her class was healthy she referred to 'normalising'

appearance indicators. This reliance on appearance indicators led her to surveille and monitor pupils and their health habits both within and outside of the PE environment:

I can tell who works most, who participates most. The one who may have more pounds or less pounds, if they don't participate then that gives me a clearer image. Working in a school, you can also see what students eat when walking around the cafeteria or the school grounds, so that also can give you an idea of how these individuals are.

She was not the only student, Canadian or Scottish, evidencing tension between a broader view of health and health as primarily determined by appearance indicators. Although some students had referred to broader health indicators, the majority referred to appearance indicators, primarily 'body dimensions,' whilst having difficulty explaining other ways of knowing pupil health in the PE context. Several students additionally mentioned physical ability, fitness, effort and participation within PE. For example, Diane, one of the Canadian students suggested:

I think that you can tell a lot by how an individual participates in the class. If they, if they're, if they're confident in their abilities and, not necessarily in their abilities but just in their participation.

Therefore, pupils trying hard in PE, involved in lots of extra-curricular sport and fit enough to keep up with the rest of the class without becoming out of breath or 'lagging behind' were cited as healthy. Potential implications of this for teacher practice are concerning. Lee and Macdonald (2010) suggest that teachers who believe that health benefits are gained primarily through vigorous exercise and exemplified in the size of the body have a narrow conception of health-enhancing practices for children.

Nevertheless, numerous tensions were evident around how students were negotiating both healthism and counter-healthism discourses, especially amongst the Scottish students.

When talking about their pupils' health and bodies, very few students accepted appearance as entirely a straightforward indication of health and some voiced that they were uncomfortable with their own and others' tendencies to gauge health from appearance. For example, Callum (Scotland) detailed being reluctant to judge according to 'preconceived [bodily] stereotypes' yet having a natural instinct to do so. Therefore, some Scottish students attempted to question processes through which certain bodies become categorised as 'normal' and 'good'. However, they appeared unable to help themselves from referring to boundaries of acceptability where certain bodies were considered

undesirable or from judging and regulating their own bodies in relation to such standards. Several Scottish students indicated this explicitly when explaining that they aspire to dominant societal ideals for their own bodies despite being critical of the social processes through which such ideals are constructed:

I know mine [ideal body] is going to be like the media image of it, but it's basically muscular physique, toned. (Innes)

Probably slim for women. And muscular [laughs] for men. It should sorta give off a, a feeling of physical prowess [laughs]. And I suppose that's something that's deemed desirable in society. (Callum)

These students knew that their behaviours and thoughts were externally constrained and regulated, often leading to internal surveillance and self-regulation, but this knowledge was not enough to allow them to fully resist such discourse. Such findings are not surprising. These students have likely spent many years of their lives within a discursive regime of healthism and have long been immersed in cultural contexts where healthism discourses dominate, for example, PE and wider sport and exercise contexts (Johnson, Gray & Horell, 2013; Papathomas & Lavalley, 2010). Here, they will have engaged in monitoring their diets; conducted body work at the gym; and perceived and evaluated their own and others' bodies against socially constructed ideals and norms. Discourses do not just consist of oral or written statements. They are also embodied and integral to our very ways of being, perceiving and feeling (Foucault, 1978). Therefore, these students' values and ways of habitually perceiving and feeling will have been formed and deeply ingrained within such a discursive context (Bourdieu, 1984). Terdiman (1985) explains that an individual's internalisation of discourse within their naturalised habits and practices can act as a constraint to fully embracing counter discourse. To effectively challenge the dominant way of things, counter discourses would need to be ingrained in practice and permeate lives more ubiquitously, just as dominant discourses do. These students were linguistically exposed to counter discourses but were still deeply immersed in the discursive regime of the dominant healthism discourse.

Contrasting perspectives: Individual responsibilities and the role of PE in addressing health issues.

Discourses and limited possibilities: a Scottish perspective

Although there were similarities to how Scottish and Canadian students negotiated discourses around health and the body, there were also fundamental differences. One such difference was in how students perceived social pressures on pupils to embody health and maintain the 'ideal' appearance. Scottish students were especially concerned that PE may intensify these pressures. For example, some students asserted that with a health focus, the PE curriculum perhaps unwittingly 'educates toward the ideal body' to 'make children thinner.' Most of the Scottish students adopted a very critical stance towards the role of PE in promoting pupils' health and understood negative implications of offering 'fitness for health' activities in PE. Scottish students were also concerned that pupils perceived overweight would face social problems within PE due to other children's perceptions of their appearance and ability. For example, Innes (a Scottish student) stated:

If pupils are overweight then one, they are more likely to be picked on but two, they tend not to have the physical competences of the other kids. Not only are they picked on but they are probably excluded from team sports... that is a huge problem because they are the ones who need to be taking part in P.E. as far as I'm concerned the most.

Students like Innes felt that appearance and ability could either help or hinder pupils in gaining social status and that these were key body related concerns for school pupils. Importantly, although Innes still felt some children must be 'changed' – 'the ones who need to be taking part in PE' - he was not necessarily critical of the children themselves. This empathetic response differs somewhat to responses detailed in previous studies where PE students have generally taken the stance that being 'overweight' is 'improper', 'deviant' and an individual failing (Varea & Underwood, 2016). There was rather indication that the Scottish students as a whole had spent time questioning and deconstructing healthism, obesity and ideal body discourses. Yet, interestingly, this did not open up their possibilities for action. This was especially evident when Scottish students discussed the role of PE in health promotion. Many felt that health promotion was important, and partially the responsibility of PE teachers, but that health should not be the 'be all and end all' or the main focus of PE. In particular, there were concerns around the potential negative implications that health promotion messages may have on pupils if not carefully addressed:

I think it is quite dangerous going down the health route I feel in education. I think it is dangerous to go down appearance route especially if you talk about the BMIs ... I don't think it is the right route. (Malcolm).

Scottish students told stories of placement experiences where they recognised pupils who were 'embarrassed', 'badly affected', or 'excluded' by a focus on health and fitness in PE. However, they struggled to envisage how to practically address this and how to appropriately deal with sensitive body-related issues. Therefore, despite their critical stance, they were unable to offer an alternative, more holistic view of promoting health. Indeed, when asked to provide examples of how health might be taught in PE, there were no references beyond activities such as 'fitness blocks' or 'fitness testing'. It appears they had been encouraged to deconstruct healthism discourses but not to reconstruct anything in its place.

Discourses and open possibilities: a Canadian perspective

In contrast, none of the Canadian students focused on problems faced by 'overweight' pupils in PE. In fact, they focused less on discourses of individual responsibilities and more on the need for society to be more educated about health. Furthermore, the Canadian students believed that a key role of PE was to educate pupils about the value of physical activity and a balanced diet and they did not view this as problematic in anyway. Therefore, the Canadian students believed that PE was significant to promoting pupils' health and willingly accepted this role. Susan (Canadian), for example, explained:

I think it's (PE) central. I mean Phys ed. should be the pioneers in teaching what health is to students.

Consequently, they believed that a major part of their job was to educate pupils about health, and provide them with the 'tools' to be healthy. These students, like some of the Scottish students, were adopting the subject position of 'body expert', but did so less critically. This uncritical, unquestioning, yet very clear perspective, appears to have provided them with freedom to explore and articulate multiple ways in which 'tools' for health might be developed in PE. Interestingly, although Canadian students spoke about physical activity and diet in relation to educating children about health in PE, not all their suggestions reflected this narrow view. For example, in relation to the issue of how PE can promote health, Canadian students provided ideas that have the potential to expose pupils to multiple discourses and ways of being: listening to pupils, offering choice, making PE fun (Margaret); keeping diaries, having discussions, putting information about health on the wall (Sharon); self-evaluation skills; understanding your own abilities (James); teaching social skills and developing confidence (Diane); creating positive experiences and being a

positive role model (Fred).

Implications for ITE

Differences between how the two cohorts perceived the role of PE and practical ways to teach health in PE are interesting, especially since the two contexts and cohorts were not overly dissimilar. Our results suggest that students' different perspectives were largely attributed to their ITE experiences. In response to questions around factors influencing views about health and teaching health in PE, most cited their ITE programme as significant, including both their academic work and placement experiences. This is perhaps unsurprising given that participants were immersed in their university work at the time of interview. However, the comparative nature of this study illuminated some distinct differences in how the Scottish and Canadian students spoke about their university programmes. Scottish students particularly stated that they were encouraged by tutors to think critically about the relationship between PE and health promotion and highlighted the sociocultural component of their programme as key to shaping their critical views. Within the sociocultural perspective, students engage in academic reading and debate issues around a number of topics including: the nature and purpose of PE and discourses of gender, race, religion, ability, health and the body. Students are especially encouraged to critically question taken-for-granted ideas and power relations. However, although this course seems to have developed students' critical capacities, it has perhaps not provided them with opportunities to explore issues practically. Students understood that teaching 'physical health' in PE may be problematic but could not articulate how to promote a more holistic form of health. For critical inquiry to lead to critical action or critical pedagogy, students have to be able to connect each issue to themselves and to 'real-life' (Philpot, 2016). In this instance, an exclusive focus on critiquing taken for granted assumptions appears to have limited the potential for students to think creatively and positively about how they might use their critical inquiry to develop their critical pedagogy.

By contrast, the Canadian students' ITE programme was more 'scientific' in nature, with content being a combination of science-based and health promotion-related courses - these students will have taken nutrition, health education, health and exercise psychology, research methods as well as PE pedagogy courses. This may have led to a global, but highly scientific, understanding of pupil health, perhaps reinforcing current beliefs about health and the role PE. Resultantly, the Canadian students appear to have uncritically accepted the role

of teaching health in PE, which in turn has provided them with the time, space and freedom to explore multiple and holistic ideas around how to realise this practically. However, whilst embracing the idea that PE is largely responsible for promoting pupils' health appears very positive in this instance, learning to be critical of this stance is also very important. A wealth of previous research has explored the negative implications of uncritical compliance of PE teachers to 'scientific' understandings of health and the body (McDermott, 2012; Webb, Quennerstedt & Öhman, 2008). Critical inquiry is imperative if student teachers are to develop knowledge and skills to deconstruct, challenge and importantly, reconstruct various perspectives on PE. This is especially the case if a broader perspective on the nature and purpose of PE is sought, one that aims to develop students' health beyond narrow notions of physical health. However, our results suggest that simply encouraging ITE students to be critical may not be enough, particularly if critical engagement results in something more abstract in nature, potentially risky and not easily applicable to the student's real-life teaching experiences. Additionally, Garrett (2006) suggests that critical pedagogies are perceived difficult to adopt by PE students, especially when they are viewed through a utopian lens as a means of emancipating the collective. Tinning (2002) instead suggests that a more modest pedagogy is adopted, moving towards PE practices that connect with the individual's freedom and opportunity to learn. PE teachers and students may perceive this perspective as more attainable since it builds on their current practice.

There are currently few examples of what modest pedagogies might look like in a practical PE environment, and this may partly explain why the PE students from the University in Scotland were unable to 'operationalise' their critical views about health and healthism/ideal body discourse. Furthermore, previous research examining critical pedagogies within PE has focused more on 'cognitive' acts of discussion and reflection (see Oliver & Lalik, 2001). Therefore, PE teachers may find it difficult to make coherent connections to the more physical components of their practice. However, when investigating the use of storytelling to examine the development of pre-service PE teachers' critical pedagogies, Garrett (2006) uncovered a number of ideas that student teachers could embed within their current practice to create a more critical, safe and holistic teaching and learning environment. For example, critical self-reflection, observing pupils (but also critically examining who is being observed and why), talking to and getting to know the pupils, and developing empathy towards the pupils. Other

'modest' strategies included, creating a culture that values difference by, for example, setting a variety of different learning objectives for different needs and interests, and shifting the culture of analysing and judging performance towards one that focuses on how learning and movements feels both kinesthetically and emotionally. Importantly, these are also strategies that have the potential to develop pupils' health, beyond their physical health (Gray, MacIsaac & Jess, 2015).

Not only does this research help us to understand what critical pedagogies could be in practice, it also highlights how ITE providers might support the development of their students' critical practice. Key to this is the idea that critical pedagogies need to somehow connect to the lives and practices of the students (Fitzpatrick & Russell, 2015; Garrett 2006; Philpot, 2016). Consequently, ITE providers might consider how to provide more embodied and connected experiences across the curriculum. Embodied and lived approaches in ITE might involve, for example, role-play, storytelling and engagement in micro-teaching episodes (Førland Standal, Mordal & Fusche, 2014). However, they might also involve processes where students look inwards and explore their own lived experiences, their own bodies and understand how they might better connect to their pupils and their learning (McMahon & Penney, 2013; Wrench & Garrett, 2012). A greater focus on critical inquiry and critical pedagogy while on school placement will also provide the students with valuable real-life experiences. Importantly, these experiences need not be aimed at transforming their practice completely, but students should at least become more aware of the social, historical and political issues that influence the school context and the lives of their pupils (Tinning, 1988). Such small steps may be critical so that students do not become resistant to an approach that they deem too risky or unattainable. Additionally, these experiences can be drawn upon during subsequent classroom debates, further enhancing the students' understanding of the key theoretical issues and also enabling them to make connections between their theoretical understanding and their practice.

Conclusion

In attempt to develop a deeper understanding of how student PE teachers conceptualise and enact health and the body in PE, the perspectives of two different cohorts from two different countries have been examined. The results from this comparative analysis have highlighted how these two groups have a shared discourse that reflects current and

prevailing global discourse about the obesity epidemic and associated health risks. However, findings also demonstrate how their ITE context has created differences in terms of where the responsibility lies for promoting pupils 'health'. In particular, the Canadian students demonstrated a global acceptance of the important role they play in promoting their pupils (physical) health, which has provided them with the freedom to think creatively about a number of ways in which this might be achieved in the school setting. By contrast, the Scottish students' critical perspective and lack of opportunities to make connections to their lives, experiences and their practices may have inhibited their capacity to think creatively about how 'health' might be taught in the PE.

Although the Canadian students were much more detailed, articulate and creative about how 'health' might be taught in PE, the critical perspective held by the Scottish students does hold merit. Indeed, we suggest that this perspective holds more merit if (student) teachers are to develop knowledge and skills to deconstruct, challenge and importantly, reconstruct various perspectives on PE. However, for this to be realised in practice, students need to move beyond simply 'being' critical and move towards the more difficult and challenging position of 'doing' critical. Importantly, this challenge of 'doing' critical has to be within the reach of students by drawing from their current knowledge, skills and experiences, not a challenge that they deem a too abstract, risky or unattainable. Clearly the ITE context has an important role to play here and opportunities for connected, embodied and lived learning experiences might be an effective way of nurturing a critical perspective that leads to the development of critical pedagogies.

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